GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:1414
ANSWERED ON:22.08.2007
SPREAD OF JAPANESE ENCEPHALITIS
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Japanese Encephalitis(JE) is increasing at an alarming rate in the country;

(b) if so, the reasons therefor;

(c) the details of the persons died due to Japanese Encephalitis during the last three years, State-wise; and

(d) the steps taken/ proposed to be taken by the Government in this regard?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE (SMT. PANABAKA LAKSHMI)

(a) to (c) As per reports received from State health authorities, during the year 2007, up to 16th August, 837 cases and 185 deaths due to Acute Encephalitis Syndrome (AES) have been reported from 9 States in the country. The State-wise cases and deaths due to suspected JE for the last three years are given at Annexure-1.

JE is a viral and an epidemic prone disease with seasonal and cyclic fluctuations. The occurrence of the disease is determined by factors like rainfall, temperature, humidity, presence of amplifier hosts, etc. The disease is mainly correlated with the monsoon & post monsoon season, when mosquito breeding increases. There is no specific anti viral drugs for treatment of JE.

(d) The steps taken/proposed to be taken by the Government of India for prevention & control of JE are as under:

Early diagnosis and proper management of AES cases to reduce case fatality through strengthening of diagnostic and clinical management of JE cases, and curative services at PHCs/CHCs and District Hospitals.
Training of PHC Medical Officer, Clinicians and nurses for early diagnosis and case management of JE.
Developed trained Rapid Response Teams in JE endemic districts.
National Guidelines on JE case Management have been developed and disseminated.
Integrated vector control with emphasis on personal protection, segregation/ mosquito proofing of pig-sties.
Behaviour Change Communication for community participation to promote early case reporting, personal protection, isolation of amplifier host etc.
Strengthening of AES/JE surveillance based on acute encephalitis syndrome approach.
Strengthening of sentinel laboratories for diagnosis of JE in endemic areas.
Established a Sub Office of Regional Office of Health & Family Welfare, Lucknow at Gorakhpur, UP for intensive monitoring of situation & for providing technical assistance to State Government of Uttar Pradesh on prevention and control of JE.
Established "Vector Borne Disease Control Surveillance Unit" at BRD Medical College, Gorakhpur, UP with financial support from Government of India for strengthening epidemiological and entomological surveillance in Eastern UP.
Drugs & disposables required for treatment of AES patients are being provided to BRD Medical College, Gorakhpur, UP.
Approval has been conveyed to engage one Microbiologist and one Lab. Technician in the Department of Microbiology, BRD Medical College, Gorakhpur, UP on contractual basis for a period of one year out of Government Of India funds to strengthen the department.
JE vaccination programme had been launched for children between 1 and 15 years of age as an integral component of Universal Immunization Programme (UIP) in 11 districts in 4 states in 2006. The programme has been extended to cover other 29 endemic districts in 9 States. Left out children and children between 1-2 years age are being covered under routine immunization programme.
Central teams visited affected States (Uttar Pradesh & Assam) during 2007 for providing technical guidance.
Regular monitoring of AES cases is done by the Directorate of National Vector Borne Disease Control Programme (NVBDCP). The situation is reviewed periodically.